


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90016 031 ****61.25

| | |
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| DOCUMENT # N49889 |  |
| 1. Entity Name NORTHEAST FLORIDA NATURISTS, INC. | |

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|---|---|
| Principal Place of Business P O BOX 56901 JACKSONVILLE, FL 32241 US | Mailing Address P. O. BOX 56901 JACKSONVILLE, FL 32241 US |
|---|---|

20023920



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03172005 Chg-NP CR2E037 (10/03)

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|-----------------------------|--|
| 4. FEI Number 59-3147951 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|--|
| 6. Name and Address of Current Registered Agent CALLENDER, JOHN ESQ 1301 RIVERPLACE BLVD SUITE 2105 JACKSONVILLE, FL 32207 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NORTON, KENNY P O BOX 56901 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOLLAND, MARILYN P O BOX 56901 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RICE, THOMAS L P O BOX 56901 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WOOLSEY, SUSAN P O BOX 56901 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOUSTON, CINDY P O BOX 56901 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OUTLAW, GLEN P O BOX 56901 JACKSONVILLE, FL 32241 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas L. Rice 3/20/05 (904)292-1478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#N49889

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Florida Department of State
Secretary of State
Division of Corporations
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| | | | |
|---|----------------|---------------|------------------------|
| D | Linda Morrison | P.O.Box 56901 | Jacksonville, FL 32241 |
| D | Curt Willis | P.O.Box 56901 | Jacksonville, FL 32241 |

NORTHEAST FLORIDA NATURISTS, INC.
FEI # 59-3147951